

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002653

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 242 Primary Registration District No. 4362 Registrar's No. 4VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR
TYPEWRITER RIBBON

1. FILED JAN 7 1963		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY New Madrid		a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Morehouse		c. CITY OR TOWN Morehouse	
Length of stay in 1b 7 months		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) none	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First Middle Last Lex Monroe Smith		Month Day Year January 3, 1963	
5. SEX male	6. COLOR OR RACE cuac.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/1/1879
9. AGE (last birthday) 84		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer (retired)		10b. KIND OF BUSINESS OR INDUSTRY farming	
11. BIRTHPLACE (City and state or country) Lebanon, Tenn.		12. CITIZEN OF WHAT COUNTRY U. S.	
13a. FATHER'S NAME Bert Smith		13b. MOTHER'S MAIDEN NAME Betty Brown	
14. NAME OF HUSBAND OR WIFE Faye Smith		Address Mrs. Faye Smith, Morehouse, Mo	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		16. SOCIAL SECURITY NO. [redacted]	
17. INFORMANT [redacted]		18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY.)	
IMMEDIATE CAUSE (a) Death appeared to be natural.		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Fell on street on way home	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 2:00 p. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Nathaniel L. McBain Local Reg.		22b. ADDRESS Morehouse, Mo	
22c. DATE SIGNED 1-5-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 1/5/63	23c. NAME OF CEMETERY OR CREMATORY Essex Cemetery	23d. LOCATION (City, town, or county) (State) Essex, Missouri
24. FUNERAL DIRECTOR Watkins & Sons		25. DATE RECD. BY LOCAL REG. 1-5-63	
ADDRESS Morehouse, Mo		26. REGISTRAR'S SIGNATURE Nathaniel L. McBain	

(Licensed Embalmer's Statement on Reverse Side)

JAN 1 1963

Permit obtained.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Earl McCallister

Licensed Embalmer No. 4964

P. O. Address Lexington, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.